



July 21, 2010

Ms. Grissel V. Diaz-Cotto
Emergency and Remedial Response Division
United States Environmental Protection Agency
Region II
290 Broadway, 19th Floor
New York, NY 10007-1866

**Re: June 2010 Discharge Monitoring Report
Leachate Treatment Plant, Operable Unit 1
Kin-Buc Landfill Superfund Site**

Dear Ms. Diaz-Cotto:

Please find enclosed the June 2010 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit One at the Kin-Buc Landfill Superfund Site.

Weston & Sampson Services, Inc. would like to confirm the following:

- Effluent parameters were within permitted limits.
- The treatment plant operated well during the month of June with the bioassay results of >100%.

Should you have any questions concerning this DMR or the Treatment Plant, please contact me at your earliest convenience at the Kin-Buc site.

Very truly yours,
Weston & Sampson Services, Inc., on behalf of SCA Services, Inc.


Glenn Grieb
Plant Manager

Enclosure

Cc: Martha Goodwin – NJDEP
Stephen Joyce – SC Holdings, Inc.
Carl Januszkiewicz – SC Holdings, Inc.
John A. Bocchino, Jr. – Weston & Sampson Services, Inc.

307573



Massachusetts

Five Centennial Drive (HQ)
Peabody, MA 01960-7985

Connecticut

273 Dividend Road
Rocky Hill, CT 06067

Rhode Island

477B Tiogue Avenue
Coventry, RI 02816

New Hampshire

100 International Drive
Suite 152
Portsmouth, NH 03801

Maine

PO Box 189
York, ME 03909

Vermont

96 South Main Street
Suite 2
Waterbury, VT 05676

New York

301 Manchester Road
Suite 201A
Poughkeepsie, NY 12603

Florida

1990 Main Street
Suite 750
Sarasota, FL 34236

100 Foxborough Blvd., Suite 250
Foxborough, MA 02035

225 New Boston Street
Woburn, MA 01801

One Trowbridge Road, Suite 750
Bourne, MA 02532

When it's essential...it's Weston&Sampson.®

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDDES NO.

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 *NJ Permit Equivalent

REPORTING PERIOD

M	o.	Y	r.
0	6	1	0

M	o.	Y	r.
0	6	1	0

PERMITTEE: Name: SCA Services, Inc.
 Address: 383 Meadow Road
 Edison, New Jersey 08817

FACILITY: Name: Kin-Buc Landfill
 Address: 383 Meadow Road
 Edison, New Jersey 08817
 Telephone: 732-572-4743

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT-SANITARY
 ___ T-VWX-007 ___ T-VWX-008 ___ T-VWX-009
 ___ EPA Form 3320-1

SLUDGE REPORT-INDUSTRIAL
 ___ T-VWX-010A ___ T-VWX-010B

WASTEWATER REPORTS
 ___ T-VWX-011 ___ T-VWX-012 ___ T-VWX-013

GROUNDWATER REPORTS
 ___ T-VWX-015(A,B) ___ T-VWX-016 ___ T-VWX-017
 ___ ELECTRONIC SUBMISSION

NPDES DISCHARGE MONITORING
1 EPA Form 3320-1

	YES	NO
DYE TESTING	___	<u>X</u>
TEMPORARY BYPASSING	___	<u>X</u>
DISINFECTION INTERRUPTION	___	<u>X</u>
MONITORING MALFUNCTIONS	___	<u>X</u>
UNITS OF OPERATION	___	<u>X</u>
OTHER	___	<u>X</u>

(Detail any "Yes" on reverse side in appropriate space.)

NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

**PRINCIPAL EXECUTIVE OFFICER OR
DULY AUTHORIZED REPRESENTATIVE**

Name (Printed) Glenn Grieb
 Grade & Registry No. N-4 ; 0031212
 Signature *Glenn Grieb*

Name (Printed) Glenn Grieb
 Title (Printed) Plant Operations Manager
 Signature *Glenn Grieb*

Date July 21, 2010

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

MONTH **06** YEAR **10**

Others

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
8	8	0	0	0	0	8	0	0	8	0	0	4	8	8	0
8	8	8	8	4	4	8	8	4	4	8	4	4	4	4	8
17	18	19	20	21	22	23	24	25	26	27	28	29	30		
0	8	0	0	10	9	0	0	0	0	0	8	0	0		
8	8	4	4	4	4	8	8	8	4	4	8	8	8		

PERMITTEE NAME/ADDRESS

NAME
ADDRESSSCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817FACILITY
LOCATIONKIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZNATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTNJ PERMIT EQUIVALENT
PERMIT NUMBER001
DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY
10 06 01YEAR MO DAY
10 06 30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.024221	0.032298	MGD	*****	*****	*****	***	***	continuous	flow meter
	PERMIT REQUIREMENT	REPORT	ONLY		*****	*****	*****			continuous	flow meter
pH	SAMPLE MEASUREMENT	*****	*****	***	8.06	*****	8.32	S.U.	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			weekly	grab
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT	*****	*****	***	*****	<0.296	<0.550	mg/l	0	2/month	grab
	PERMIT REQUIREMENT	*****	*****		*****	10	15			2/month	grab
COD	SAMPLE MEASUREMENT	21.80	23.98	kg/day	*****	210	250	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT	ONLY			2/month	comp.
BOD	SAMPLE MEASUREMENT	*****	*****	***	*****	<5.50	<5.50	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	*****	*****		*****	56	220			2/month	comp.
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.62	1.11	kg/day	*****	8.16	11.00	mg/l	0	1/week	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	30	45(1)			weekly	comp.
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	***	5.16	*****	*****	mg/l	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		4.0 MIN. Instantaneous	*****	*****			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				TELEPHONE		DATE			
Glenn Grieb Project Manager						732 572-4743		10 07 20			
TYPED OR PRINTED						AREA CODE NUMBER		YEAR MO DAY			
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									

PERMITTEE NAME/ADDRESS

NAME

ADDRESS

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

FACILITY

LOCATION

ATTN:

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
10	06	01	10	06	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			YEAR	MO	DAY
BENZENE	SAMPLE MEASUREMENT	<0.0000112	<0.0000144	kg/day	*****	<0.13	<0.13	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.009	0.02		*****	57	134			2/month	grab		
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.0000137	<0.0000177	kg/day	*****	<0.16	<0.16	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab		
1,1 DICHLOROETHENE	SAMPLE MEASUREMENT	<0.0000086	<0.0000110	kg/day	*****	<0.10	<0.10	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.003	0.009		*****	22	59			2/month	grab		
ETHYLBENZENE	SAMPLE MEASUREMENT	<0.0000215	<0.0000276	kg/day	*****	<0.25	<0.25	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab		
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000172	<0.0000221	kg/day	*****	<0.20	<0.20	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.008	0.025		*****	52	164			2/month	grab		
TOLUENE	SAMPLE MEASUREMENT	<0.0000077	<0.0000099	kg/day	*****	<0.09	<0.09	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.004	0.011		*****	28	74			2/month	grab		
1,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000120	<0.0000155	kg/day	*****	<0.14	<0.14	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.004	0.009		*****	25	60			2/month	grab		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE				
Glenn Grieb Project Manager							732 572-4743		10 07 20				
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER					

PERMITTEE NAME/ADDRESS
NAME SCA SERVICES, INC.
ADDRESS 383 MEADOW ROAD
EDISON, NEW JERSEY 08817
FACILITY KIN-BUC LANDFILL
LOCATION EDISON, NEW JERSEY
ATTN: CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER			001 DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	06	01		10	06	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			YEAR	MO	DAY
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000155	<0.0000199	kg/day	*****	<0.18	<0.18	ug/L	0	2/month	grab		
	PERMIT REQUIREMENT	0.004	0.010		*****	28	69			2/month	grab		
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.0000125	<0.0000144	kg/day	*****	<0.13	<0.13	ug/L	0	1/week	grab		
	PERMIT REQUIREMENT	0.008	0.018		*****	52.8	106			weekly	grab		
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.0000306	<0.0000397	kg/day	*****	<0.355	<0.380	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab		
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.0000272	<0.0000353	kg/day	*****	<0.32	<0.32	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab		
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.0000315	<0.0000409	kg/day	*****	<0.385	<0.370	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab		
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.0000326	<0.0000420	kg/day	*****	<0.380	<0.380	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab		
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.0000366	<0.0000475	kg/day	*****	<0.425	<0.430	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1312. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE				
Glenn Grieb Project Manager							732 572-4743		10 07 20				
TYPED OR PRINTED							732		572-4743			10 07 20	
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR MO DAY				

PERMITTEE NAME/ADDRESS

NAME

ADDRESS

FACILITY

LOCATION

ATTN:

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	06	01		10	06	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.0000254	<0.0000300	kg/day	*****	<0.295	<0.300	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00028	0.00052		*****	1.72	3.43			monthly	grab
PHENANTHRENE	SAMPLE MEASUREMENT	<0.0002355	<0.0003975	kg/day	*****	<2.298	<3.700	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	5.4(2)			weekly	grab
ALDRIN	SAMPLE MEASUREMENT	<0.0000009	<0.0000011	kg/day	*****	<0.010	<0.010	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.000133	0.00026		*****	0.0875	0.176			monthly	grab
4,4-DDT	SAMPLE MEASUREMENT	<0.0000011	<0.0000012	kg/day	*****	<0.01	<0.01	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.0000578	0.000146		*****	0.38	0.765			weekly	grab
PCB-1242	SAMPLE MEASUREMENT	<0.0000154	<0.0000177	kg/day	*****	<0.16	<0.16	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1248	SAMPLE MEASUREMENT	<0.0000206	<0.0000232	kg/day	*****	<0.21	<0.22	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1254	SAMPLE MEASUREMENT	<0.0000125	<0.0000144	kg/day	*****	<0.13	<0.13	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				TELEPHONE		DATE			
Glenn Grieb Project Manager						732 572-4743		10 07 20			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)

PERMITTEE NAME/ADDRESS

NAME
ADDRESS

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

FACILITY
LOCATION
ATTN:

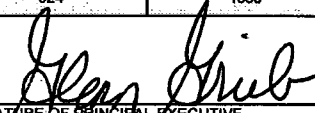
KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT
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YEAR	MO	DAY	TO	YEAR	MO	DAY
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PCB-1260	SAMPLE MEASUREMENT	<0.0000118	<0.0000133	kg/day	*****	<0.12	<0.12	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
ARSENIC	SAMPLE MEASUREMENT	0.0005880	0.0008741	kg/day	*****	6.10	8.60	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.013	0.026		*****	85.8	172			weekly	comp
CADMIUM	SAMPLE MEASUREMENT	0.0000925	0.0001080	kg/day	*****	1.0	1.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.0073	0.017		*****	48.2	112			weekly	comp
CHROMIUM	SAMPLE MEASUREMENT	0.0003592	0.0004306	kg/day	*****	3.68	4.20	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.030	0.060		*****	198	396			weekly	comp
COPPER	SAMPLE MEASUREMENT	0.0005119	0.0007563	kg/day	*****	5.3	6.9	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
LEAD	SAMPLE MEASUREMENT	<0.0003229	<0.0005742	kg/day	*****	3.28	5.20	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
NICKEL	SAMPLE MEASUREMENT	0.0034912	0.0044163	kg/day	*****	36.4	40.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.140	0.281		*****	824	1850			weekly	comp
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Glenn Grieb Project Manager								732 572-4743		10 07 20	
TYPED OR PRINTED						AREA CODE		NUMBER		YEAR MO DAY	

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)

PERMITTEE NAME/ADDRESS

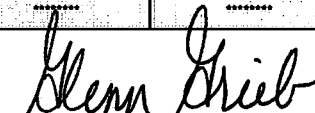
NAME
ADDRESSSCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817FACILITY
LOCATION
ATTN:KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZNATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORTNJ PERMIT EQUIVALENT
PERMIT NUMBER001
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MONITORING PERIOD

YEAR MO DAY
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TO

YEAR MO DAY
10 06 30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC	SAMPLE MEASUREMENT	0.0004455	0.0006294	kg/day	*****	5.7	5.7	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.177	0.358		*****	1170	2350			weekly	comp
CYANIDE	SAMPLE MEASUREMENT	<0.0006053	<0.0006626	kg/day	*****	6.4	8.2	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.002	0.004		*****	13.2	26.4			weekly	comp
ALUMINUM	SAMPLE MEASUREMENT	0.0076510	0.0092742	kg/day	*****	79.2	84.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	1.40	2.81		*****	9240	18500			weekly	comp
IRON	SAMPLE MEASUREMENT	0.0068092	0.0121964	kg/day	*****	68.8	120.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	80.8	162		*****	532000	1070000			weekly	comp
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT	QUARTELY	REPORT	***	>100%	*****	*****	%	0		
	PERMIT REQUIREMENT	*****	*****		50(3)	*****	*****			see permit	equivalent
Ammonia	SAMPLE MEASUREMENT	*****	*****	***	*****	0.410	0.450	mg/l	0	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	4.9	10.0			2/month	comp
	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	***	***	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Glenn Grieb Project Manager								732 572-4743		10 07 20	
TYPED OR PRINTED						AREA CODE		NUMBER		YEAR MO DAY	
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									